Fee: \$20.00 for 4 years

Town of Seekonk

FILING DATE:

BUSINESS CERTIFICATE

	Company Nan	ne		
is conducted atCompany Address		tax id (optional)		
City	State	Zip	() Telephone Number	
by the following named per	son(s): (INCLUDE	CORPORATE NAME AND TITLE, I	F CORPORATE OFFICER)	
FULL NAME and TITLE		RES	RESIDENCE	
		_		
		_		
-		_		
SIGNATURES:				
-				
		_		
Onoath that the foregoing state		— med person(s) perso	nally appeared before me and made	
	ement is true.		nally appeared before me and made	
oath that the foregoing state	ement is true.		nally appeared before me and made	
oath that the foregoing state	ement is true.			
oath that the foregoing state	ement is true.		nally appeared before me and made	